



Medication Consent Form

Name of child: _____

Name of medication: _____

Please one of the following:

Prescription

Oral/Non-Prescription

Unanticipated Non-Prescription for mild symptoms, or

Topical Non-Prescription (**applied to open wound/broken skin**)

Please one of the following:

My child has previously taken this medication, or

My child has **not** previously taken this medication, but this is an emergency medication and I give permission for staff to give this medication to my child in accordance with his/her individual health care plan.

Dosage _____

Date(s) _____ Time(s) _____

Reasons for medication _____

Possible side effects _____

Directions for storage: _____

Please one of the following:

The child's parent/guardian CAN train staff on medication administration when part of an individualized health care plan.

The child's parent/guardian CANNOT train staff on medication administration when part of an individualized health care plan.

Name and phone number of the prescribing health care practitioner: _____

Child's Health Care Practioner Signature _____ date _____

I _____ (parent/guardian name) give permission to authorize educator(s) to administer medciation to my child as indicated above.

Parent/Guardian Signature: _____ date _____